

REDACTED - FOR PUBLIC INSPECTION

Rate Floor Data

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	270436
2	Carrier Study Area Name	alpha characters	Century North LA
3	Service Provider Identification Number	9 numeric digits	143001596
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	6/1/2015
5	Contact Name	alpha characters	Kenneth W. Buchan
6	Contact Telephone Number (include area code)	9 numeric digits	(318) 362-1538
7	Sheet number	numeric digit(s)	1
8	Total Number of Sheets	numeric digit(s)	1

Block 2 - Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	\$ 17.54	\$ 0.72	\$ 0.53	NA	
10	\$ 18.97	\$ 0.87	\$ 0.57	NA	
11	\$ 17.32	\$ 0.70	\$ 0.52	NA	
12	\$ 18.97	\$ 0.87	\$ 0.57	NA	
13	\$ 18.97	\$ -	\$ 0.57	NA	
14	\$ 19.69	\$ 0.52	\$ 0.59	NA	
15	\$ 18.26	\$ 0.70	\$ 0.55	NA	
16	\$ 18.97	\$ 0.87	\$ 0.57	NA	
17	\$ 17.94	\$ 0.72	\$ 0.54	NA	
18	\$ 19.02	\$ 0.70	\$ 0.57	NA	
19	\$ 20.46	\$ -	\$ 0.61	NA	
20	\$ 18.86	\$ 0.70	\$ 0.57	NA	
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Rate Floor

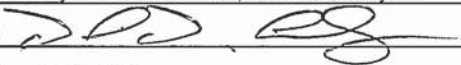
TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CenturyTel of North Louisiana, LLC d/b/a CenturyLink

Signature of authorized officer



Date

6/11/15

Printed name of authorized officer David D. Cole

Title or position of authorized officer Executive Vice President of Operations Support and Controller

Telephone number of authorized officer: ( 318 ) 388 -9000, ext.

Study Area Code of Reporting Carrier

270436

Filing Due Date for this form  
(mm/dd/yyyy)

7/1/2015